

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P32723** (9)

1. Corporation Name

NALLAMALA, HALL & WILSON, P.A.



Principal Place of Business

**1381 OLD MILL CIRCLE, SUITE 101
WINSTON-SALEM NC 27103-2951**

Mailing Address

**1381 OLD MILL CIRCLE, SUITE 101
WINSTON-SALEM NC 27103-2951**

3. Date Incorporated or Qualified
02/01/1991

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

56-1365859

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**OCONNOR, AILISH
200 W. FORSYTH ST. STE 1020
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name

Lee F. Mercier

82 Street Address (P.O. Box Number is Not Acceptable)

200 West Forsyth Street, Suite 1020

83

84 City

Jacksonville

FL

85 Zip Code

32202

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Lee F. Mercier
Signature, typed or printed name of registered agent and title if applicable

Lee F. Mercier

(NOTE: Registered Agent signature required when reinstating)

April 8, 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE **PCD** ☐ DELETE
NAME **NALLAMALA, S. BABU**
STREET ADDRESS **4153 ALLISTAIR ROAD**
CITY-ST-ZIP **WINSTON-SALEM NC**

TITLE **VSD** ☐ DELETE
NAME **WILSON, H. FLETCHER JR.**
STREET ADDRESS **5854 HEDGE COCK ROAD**
CITY-ST-ZIP **KERNERSVILLE NC**

TITLE **TAS** ☐ DELETE
NAME **NALLAMALA, VIJAYA L.**
STREET ADDRESS **4153 ALLISTAIR ROAD**
CITY-ST-ZIP **WINSTON-SALEM NC**

TITLE **D** ☐ DELETE
NAME **NALLAMALA, VIJAYA L.**
STREET ADDRESS **4153 ALLISTAIR ROAD**
CITY-ST-ZIP **WINSTON-SALEM NC**

TITLE **VD** ☐ DELETE
NAME **HALL JR., J. CARLTON**
STREET ADDRESS **11600 CHAPPELS WAY**
CITY-ST-ZIP **RALEIGH NC**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

S. Babu Nallamala
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. Babu Nallamala

March 8, 1996 (910) 765-4651

Date

Daytime Phone #

CR2E034 (12/95)